## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/586155

|   |  | CLAIMS                                    |  | S FILED - PART I                  |              |                                   |   | SMALL ENT           | TITY                   | OR | OTHER<br>SMALL      |                        |
|---|--|---|--|-----------------------------------|--------------|-----------------------------------|---|---------------------|------------------------|----|---------------------|------------------------|
| 11 9  | NATIONAL                                       | STAGE FEES                                | (Colum   | n 1)                              |              | (Column 2)                        | 7 |                     | <u> </u>               | 7  | OMALL               |                        |
|   |  | STAGE FEES                                |  |                                   |              |                                   |   | RATE                | FEE                    |    | RATE                | FEE                    |
| BAS   | SIC FEE  |   | SMALL ENT.   |                                   | LAR          | GE ENT. = \$ 300                  |   | BASIC FEE           |                        | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT A<br>(4) = \$50  | /\$ 100                           |              | ther situations = 3 100 / \$ 200  |   | EXAM. FEE           |                        |    | EXAM, FEE           | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries = **<br>\$ 200 / \$ 400 |                                   |              | other situations = 5 250 / \$ 500 |   | SEARCH FEE          |                        |    | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |                                   |              | / 50 =                            |   | X \$ 125 =          |                        | 1  | X \$ 250 =          |                        |
| тот   | AL CHARGEA                                     | BLE CLAIMS                                | 7 mir  | nus 20 =                          | *            |                                   |   | X \$ 25 =           |                        | OR | X \$ 50 =           | l .                    |
| INDEPENDENT CLAIMS  |  |   | a m  | inus 3 =                          | * -          |                                   |   | X \$ 100 ≐          |                        | OR | X \$ 200 =          |                        |
|   |  | DENT CLAIM PR                             |  |                                   |              |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero   | , enter "C                        | " in co      | lumn 2                            |   | TOTAL               |                        | OR | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |                                   |              |                                   |   | SMALLE              | NTITY                  | OR | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIC<br>PAID    | BER<br>BUSLY | PRESENT<br>EXTRA                  |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * .                                       | Minus  | **                                |              | =                                 |   | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus  | ***                               |              | =                                 |   | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
|   |  |   |  | •                                 |              |                                   | • | TOTAL ADDIT.<br>FFF |                        | OR | TOTAL ADDIT.        |                        |
|   |  | (Column 1)                                | ,  | (Colum                            |              | (Column 3)                        | _ |                     |                        |    | •                   | ·                      |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA                  |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                                |              | =                                 |   | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus  | ***                               |              | =                                 |   | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |              |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
|   |  |   |  |                                   |              |                                   |   | TOTAL ADDIT.<br>FFF |                        | OR | TOTAL ADDIT.<br>FFF |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                   |              |                                   |   |                     |                        |    |                     |                        |